



## Suffolk County Department of Social Services FCSA Child Care Bureau

### Instructions for Completing Your Application for Child Care Subsidy

**IMPORTANT: If you are receiving Temporary Assistance (i.e. Temporary Assistance for Needy Families (TANF) or Safety Net Family Assistance (SNFA)), you do NOT need to complete a separate application for child care services. If you are participating in an approved work activity or school/vocational program, speak with your Department of Labor worker about your child care needs. If you are employed, contact the Child Care Unit at (631) 854-3349 to discuss your child care needs. EXCEPTION: If you are the child(ren)'s guardian and are receiving TANF or SNFA benefits as "Payee" on behalf of the child(ren), you need to complete an application if you need child care services.**

#### **Applying ONLY for Child Care Assistance**

The Application for Child Care Subsidy (CCB-6010-001) can only be used to apply for Child Care Assistance. If you also want to apply for other benefits such as Temporary Assistance, Food Stamps, Home Energy Assistance, Medicaid or other services, please ask for the green LDSS-2921 application and check the box marked "Child Care Assistance" along with the boxes describing the other benefits you are applying for.

#### **When You Are Applying for Child Care Assistance**

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application by mail or in person at a local DSS Center.
- We will accept your application if, at a minimum, it contains your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

#### **How to Complete the Application for Child Care Assistance**

- Please type if completing on-line. If completing manually, please PRINT clearly in blue or black ink.
- Do NOT print in the shaded areas.
- Be sure to complete each section.
- If you are applying as someone's representative, please print information about *that person*, not yourself.

#### **SECTION 1: APPLICANT INFORMATION**

- Please PRINT your legal name including your first name, middle initial and last name and the full address where you live. List any aliases or maiden names of anyone in your household including yourself.
- MAILING ADDRESS: PRINT your mailing address if it is different from your residence.
- PHONE NUMBERS: Enter all telephone numbers where you can be reached.
- Check the appropriate Marital Status.
- Identify your primary language.

#### **SECTION 2: FAMILY AND OTHER HOUSEHOLD MEMBERS INFORMATION**

- **LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**
- PRINT your full name first. Then PRINT the names of the other people who live with you.
- List any aliases or maiden names of you or anyone in your household.
- PRINT the date of birth and sex for each person applying. Those considered applying are the child (or children) in need of care, their parents (including a stepparent) and siblings who are in the household.
- For **each** person in the household, PRINT how they are related to you (e.g., wife, son, friend, etc.).
- Enter "Y" (for Yes) or "N" (for No) to indicate if each person applying is Hispanic or Latino, or not.
- Use the Race legend, highlighted in gray at the bottom of Section 2, to indicate each household member's race. Race/Ethnic codes: **I** - Native American or Alaskan Native, **A** - Asian, **B** - African American/Black, **P** - Native Hawaiian/Pacific Islander, **W** - Caucasian/White

*Note: Race information is required by the Federal government, but is for statistical purposes only.*

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- Enter the Social Security Number for each person. NOTE: This is OPTIONAL. This information *may* be used by federal, state and local agencies to prevent duplication of services and fraud and for federal reporting.

### **SECTION 3: ABSENT PARENT(S)**

For anyone in the household under the age of 21, you must list the individual's name and the absent parent's name and address. (NOTE: If you identify any absent parent(s) on the application, you must also complete **CCB-6010-003, Absent Parent Information Form** (Refer to the Child Care Subsidy Application, Instructions & Forms List).

### **SECTION 4: CHILD/FAMILY NEEDS**

Complete this section on why you need child care, and answer the question about whether or not the child for whom you are seeking child care has any special needs.

If you require child care due to your own (or the second parent/caretaker's) *medically documented* physical or mental disability, you must submit a statement from your/their health care professional that includes your/their diagnosis, prognosis and expected period of disability, and explains why child care is required (for example, to enable you or the second parent/caretaker to receive needed treatment services).

If the child for whom you are seeking child care has special needs, Refer to the **"Child Care Application, Instructions & Forms List** where you will find **Form CCB-6010-010, Medical Statement in Support of Special Needs Consideration and the attached Definition of Child with Special Needs in Need of Child Care**.

### **SECTION 5: EMPLOYMENT INFORMATION**

Complete this section by providing the employer's name, address and telephone number for both the applicant, and spouse or other parent. Provide the number of hours per week that the applicant and spouse or other parent will work.

### **SECTION 6: INCOME INFORMATION**

In this section, indicate if you or anyone else named on the application is receiving income. For any **"Yes"** answers, list the gross amount of income for the period which it is received (e.g., week, bi-weekly, semi-monthly, monthly) and who receives it. (Gross income is a person's income before any deductions are taken.)

Note: If you are a "Payee" receiving Temporary Assistance (TA) on behalf of a child (for example, the child's grandparent or other relative with whom the child lives and who has assumed responsibility for the day to day care of the child), *only* the child's income is counted. This includes the child's TA benefits and any SSI/SSD benefits, wages from the child's employment, child support, etc.

### **LEGAL STATEMENTS**

**Read this section carefully** or have someone read it to you. You **must complete and sign** this written certification of citizenship for the children in need of Child Care Assistance.

### **CERTIFICATION**

The applicant must print and sign their name and date the application. If the applicant's spouse, partner, or the other parent of any child listed on the application lives in the household, both must print and sign your names and date the application.

If you have filled out the application for on behalf of the applicant(s) as their "representative", sign your name in the box immediately below the box where the applicant(s) must sign.

**In addition to the *Child Care Services Application*, make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have an Emergency"

**These booklets contain important information about your rights and responsibilities.**